FILED
Jun 27, 2005 8:00 am
Secretary of State

05-03-2005 90125 003 ****61.25

66023881

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000000043

1. Entity Name

GRACE AND MERCY HOUSE OF DELIVERANCE OUTREACH MINISTRIES INC

Principal Place of Business	Mailing Address
515 N.W. GIBSON LANE LAKE CITY FL 32055	515 N.W. GIBSON LANE LAKE CITY FL 32055

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CR2E037 (10/04)

4. FEI Number: 55-2370089 / 56-2370089 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALAVE, KATIE M
515 N.W. GIBSON LANE
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MALONE, KATIE M 515 N.W. GIBSON LANE LAKE CITY FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

DEPARTMENT OF STATE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katie M. Malave April-27-05 386-755-8805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

IRS Department of the Treasury
Internal Revenue Service
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

ATTACHMENT

06088881

N030000000043

In reply refer to: 0133223591
June 17, 2005 LTR 147C
56-2370089 000000 00 000
01832
BODC: SB

GRACE AND MERCY HOUSE OF HOUSE
% KATIE MAE MALAVE
515 NW GIBSON LN
LAKE CITY FL 32055-1274155

003507

Employer Identification Number: 56-2370089

Dear Taxpayer:

Thank you for the inquiry dated June 08, 2005.

Your Employer Identification Number (EIN) is 56-2370089. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions, please call us toll free at 1-800-829-4933.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number (386) 755-8805 Hours 10:00 am

We apologize for any inconvenience we may have caused you, and thank